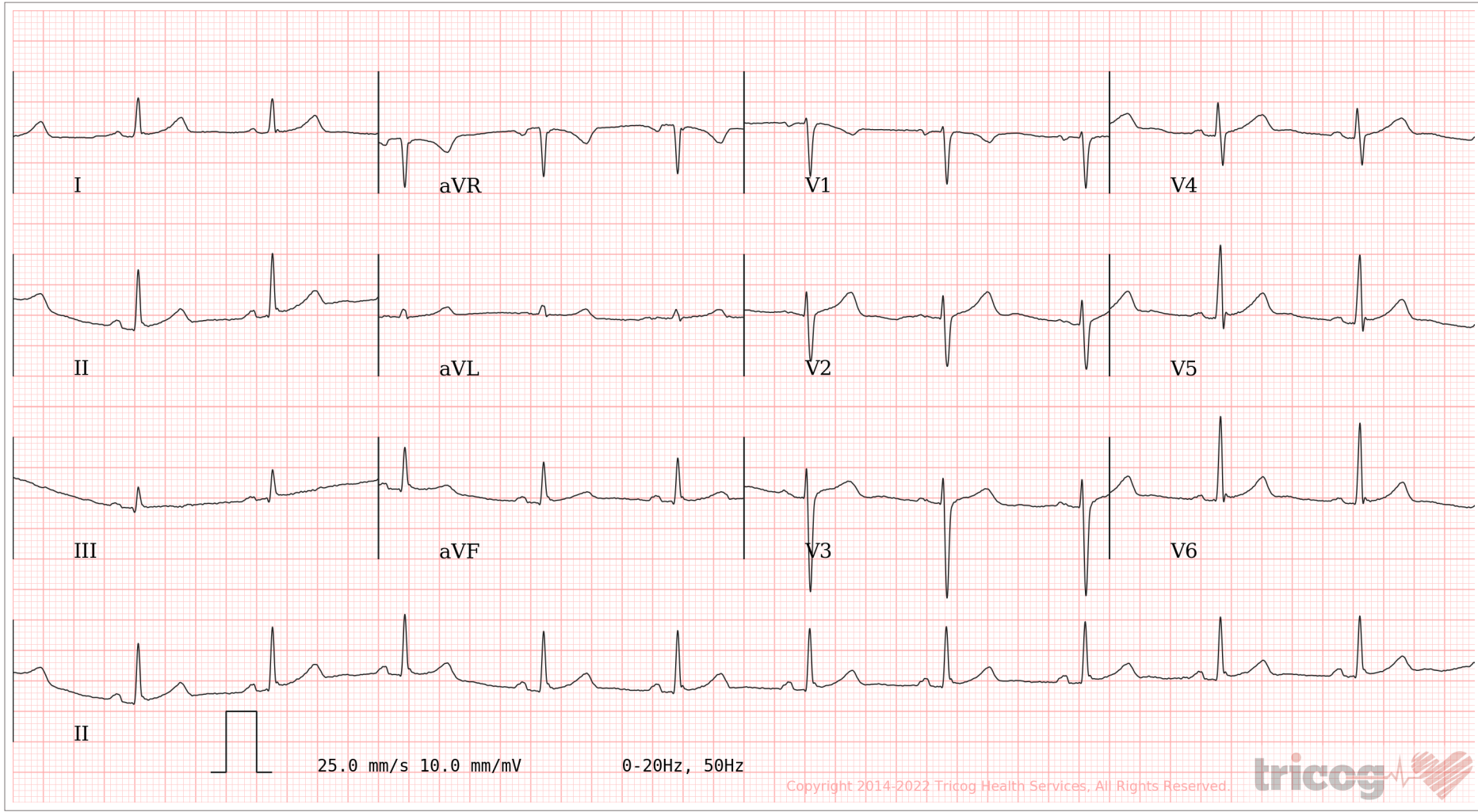




Age / Gender: 26/Female  
Patient ID: IDUN0093202223  
Patient Name: Mrs.SAKSHI JOSHI-PKG10000239

Date and Time: 15th Jun 22 10:55 AM



AR: 67bpm VR: 67bpm QRSD: 82ms QT: 404ms QTc: 426ms PRI: 154ms P-R-T: 56° 53° 36°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY  
*Charit*  
Dr. Charit  
MD, DM: Cardiology

REPORTED BY  
*Preethi*  
Dr Preethi Chandramouli

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

**INDIAN UNION DRIVING LICENCE**  
**Govt. of Uttarakhand**



**DL No: UK-0720130282632**



**Form-7**  
**Rule 16(2)**

**Name : SAKSHI JOSHI**

**D/o : RAJENDRA JOSHI**

**Address : 165 A CANNAUGHT PLACE CHAKRATA**  
**ROAD DEHRADUN 248001**

**Signature of Holder**      **Date of Birth : 19/04/1996**

is licenced to drive throughtout the vehicle  
of the following description  
**MCWOG(NT) Only**



**Sign. of The Licencing Authority**  
**RTO, DEHRADUN**

nited)

the employees of Bank of Baroda

# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1St Floor, 56New Road, M.K.P Chowk, Dehradun

Ph: 9235501532, 01352710192

CIN : U85110DL2003PLC308206

Patient Name	: Mrs.SAKSHI JOSHI-PKG10000239	Registered On	: 15/Jun/2022 10:30:16
Age/Gender	: 26 Y 0 M 0 D /F	Collected	: 15/Jun/2022 10:39:41
UHID/MR NO	: IDUN.0000174301	Received	: 15/Jun/2022 11:19:57
Visit ID	: IDUN0093202223	Reported	: 15/Jun/2022 12:11:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	AB
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	11.20	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	4,840.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	<b>49.00</b>	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	<b>42.20</b>	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	<b>5.70</b>	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.60	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.50	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	26.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	<b>34.00</b>	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	2.06	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	50.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	3.78	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	89.90	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	33.10	%	30-38	CALCULATED PARAMETER
RDW-CV	11.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,370.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	130.00	/cu mm	40-440	



DR. RITU KALIA  
MD (PATHOLOGY)

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UHID/MR NO	: IDUN.0000174301	Received	: 15/Jun/2022 11:19:58
Visit ID	: IDUN0093202223	Reported	: 15/Jun/2022 12:40:29
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	85.63	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

90.51	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	<b>6.21</b>	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.77	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	<b>125.00</b>	ml/min/1.73m <sup>2</sup>	- 90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	4.97	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	20.02	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	33.66	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	14.15	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.30	gm/dl	6.2-8.0	BIRUET
Albumin	4.13	gm/dl	3.8-5.4	B.C.G.
Globulin	2.17	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.90		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.09	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.66	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.36	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	169.65	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.96	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	111	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
	14.17	mg/dl	10-33	CALCULATED
	70.86	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



  
DR. RITU KALIA  
MD (PATHOLOGY)

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UHID/MR NO	: IDUN.0000174301	Received	: 15/Jun/2022 15:19:40
Visit ID	: IDUN0093202223	Reported	: 15/Jun/2022 17:25:15
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	5-6/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	2-5/h.p.f			MICROSCOPIC EXAMINATION
RBCs	30-40/h.p.f			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
----------------------	--------	------

#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2



# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

#### Interpretation:

(+) < 0.5 gms%  
(++) 0.5-1.0 gms%  
(+++) 1-2 gms%  
(++++) > 2 gms%



A handwritten signature in black ink, appearing to read 'Smriti'.

DR.SMIRITI GUPTA MD (PATHOLOGY)

# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IDUN.0000174301	Received	: 16/Jun/2022 13:26:34
Visit ID	: IDUN0093202223	Reported	: 16/Jun/2022 16:50:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	114.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.48	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.34	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

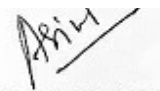
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



  
Dr. Anupam Singh  
M.B.B.S, M.D. (Pathology)

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Ph: 9235501532, 01352710192

CIN : U85110DL2003PLC308206

Patient Name	: Mrs.SAKSHI JOSHI-PKG10000239	Registered On	: 15/Jun/2022 10:30:18
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UHID/MR NO	: IDUN.0000174301	Received	: N/A
Visit ID	: IDUN0093202223	Reported	: 15/Jun/2022 14:47:23
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA \*

#### X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**



A handwritten signature in black ink, appearing to read 'Amit'.

Dr. Amit Bhandari MBBS MD RADIOLOGY

# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IDUN.0000174301	Received	: N/A
Visit ID	: IDUN0093202223	Reported	: 15/Jun/2022 12:22:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

##### LIVER

- The liver is enlarged and measures 158.8 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

##### GREAT VESSELS

- Great vessels are normal.

##### RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

##### LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

##### SPLEEN

- The spleen is normal in size and has a homogenous echotexture.

##### LYMPHNODES

- No pre-or-para aortic lymph node mass is seen.

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### URETERS

- Both ureters are normal.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### UTERUS & CERVIX

- The uterus is normal in size for age. It has a homogenous myometrial echotexture. The endometrial thickness is 3.6 mms. The cervix is normal.

#### UTERINE ADNEXA

- Right ovary vol = 12.31 ml.
- Left ovary vol = 10.16 ml.
- Both ovaries are enlarged and hypoechoic.

#### CUL-DE-SAC

- Pouch of Douglas is clear.

#### IMPRESSION

**GRADE I DIFFUSE FATTY CHANGE OF LIVER WITH BILATERAL OVARIAN ENLARGEMENT WITH HYPOECHOIC ECHOTEXTURE OF OVARIES CAUSE ? POLYCYSTIC OVARIAN DISEASE**

#### **ADV: FURTHER EVALUATION**


**\*\*\* End Of Report \*\*\***

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



  
DR. R B KALIA  
MD (RADIOLOGIST)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location